Application for Admission to Practice Law in Tennessee Supplemental Information

MJP/In-House Counsel

NCRE #:		
Name:		
1. Emergency Co	ontact Information:	
(a) Parents:		
Address:		
_	Occupation:	
Addross.	:	
Phone:	Occupation:	
(b) Spouse:		
	·	
Phone:	Occupation:	
•	other incident, event, act or condition not herein beness for admission to the bar?	efore referred to having a bearing upon your
Yes	No If so, please attach a detailed explan	nation and documentation, if any.
the Tennessee S	familiarized yourself with the Rules of Professional Supreme Court, and do you accept that code and ag se same may be amended or replaced from time to the	ree to conduct yourself in accordance
Yes	No	
· ·	miliarized yourself with Rule 9 of the Rules of the Tend do you agree to be bound thereby?	ennessee Supreme Court governing disciplinar
Yes	_ No	

Tennessee Supplement, Page MJP-ii	Name:
4. If you have registered with the Tennessee previous license, MJP), please list your BPR n	e Board of Professional Responsibility in any capacity (<i>pro hac vice,</i> numbers:
5. Please give the name and full contact info please provide supervisor/employer's bar re	ormation for your employer and direct supervisor; if an attorney, egistration number and jurisdiction:
Attach to this application:	
license must confer the right to practice (b) a certificate of good standing from the a enforcement of disciplinary rules in tha (c) an affidavit from an officer, director or	agency in each state in which you are licensed responsible for the t state general counsel of your employing entity attesting to your excity in which you are employed, and stating that the employment
responses whenever there is an addition to or	ontinuing obligation to keep my application current and must update a change to the information previously provided to the Board of Lawanges, must be made in writing and include all relevant
effect as if signed and notarized. By so signi is correct to the best of my knowledge. I again any changes or additions to the information and accurately to the questions included or changes may result in denial of my applicat	If typed named below constitutes my signature with the same ing, I certify that all of the above and supplementary information ree to notify the Tennessee Board of Law Examiners (TBLE) of an previously provided. I understand that failure to respond fully a the NCBE application or herein or to inform the TBLE of any ion for admission to practice law in Tennessee. I further a appropriate authority for investigation any instance of ss.
Dated:	Signature of Applicant